British Med. Journ., January to June, 1887, pp. 612, 676, 828.
Addinsell. Lancet, 1898, vol. ii. p. 1268.
Barker, A. E. Ibid., 1886, vol. i. p. 734.
Dashwood. Ibid.
Cyclopædia of the Practice of Medicine, Ziemssen, vol. v. p. 122.
Brewis, N. T. Edinburgh Med. Journ., 1894, vol. xxxix. p. 423.
British Med. Journ., July to December, 1887, p. 1396.
Ahern, M. J. Amer. Journ. Obstet., 1896, vol. xxxiii. p. 232.
Trousseau's Clinical Med., Lecture XI., vol. ii.
Clarke, W. B. Lancet, 1886, vol. i. p. 734.
The Lancet, January to June, 1886, vol. i. pp. 86, 130, 227, 335, 374, 732.

NASAL SYPHILITIC TUMORS.

By Max Toeplitz, M.D.,
of New York.

The tertiary manifestations of syphilis, in the nose the most frequent, are often seen very early—a few months to one year after the first infection, but, as a rule, much later. The tertiary lesions of hereditary lues are the same as those of the acquired, and occur either soon after birth or during puberty.

The anatomical lesion is a gummous infiltration of the mucous membrane, independent affection of cartilage, periosteum and bone, and simple infiltration, with softening, ulceration, either from without inward or inversely. The favorite seat of the infiltration is the septum, particularly on the boundary line between the quadrilateral cartilage and the perpendicular lamina of the ethmoid, bilaterally, often as the only sign; but it also occurs on other places of the septum, rarely on the lateral nasal wall, the turbinates first, but most frequently on the septum and nasal floor.

The tumors are either extremely large gummata or so-called granulomata. Such a syphiloma occurred in a woman, aged twenty-six years, an inmate of the Montefiore Home, who suffered from obstruction of the left nostril, formation of thick crusts, loss of sense of smell, and severe epistaxis. In the right nostril the most anterior portion of the lower turbinate covered with fibrinous deposits was seen only, owing to a deviation of the septum. The left nostril was obstructed by a gray, reddish, movable, smooth tumor, which was removed piecemeal with the cold snare, with much hemorrhage. It sprang from the upper portion of the bony septum, viz., from the upper raised boundary of a perforation, through which the tumor disappeared into the right nostril. The interior of the nose was covered with thick, foul-smelling, green-gray, adhesive crusts. The middle turbinate was atrophied. The histological examination, made by Dr. Henry Kreuder, revealed the body of the growth to consist of loose fibrous connective tissue covered in places by epithelium of the stratified columnar variety. The epithelium dipped down into the tumor and formed small retention cysts, which were lined with stratified columnar epithelium and were filled with mucus. Throughout the connective tissue many large bloodvessels with thin walls were seen and areas of inflammatory round-celled infiltration. Besides, there were areas of larger cells, almost round, with large nuclei, which were suspicious of sarcoma. When the patient entered the Home, on June 20, 1902, she was considered tubercular. Bacilli resembling tubercle bacilli were twice found in the urine. She was removed to the tubercular ward, but as the sputum was always negative she was transferred to another ward. Iodide of potassium was first given on March 3, 1903, in doses of 20 gr., t.i.d., which were increased to 50 gr., and continued till September 20, 1903. Two courses of mercury rubbings, each lasting six weeks, were applied between April 1st and July 23, 1903. Iodide of potassium (10 gr.) and Fowler's solution (3 minims), t. i. d., were given for one month. On February 1, 1904, began hypodermic injections of bichloride of mercury, $\frac{1}{10}$ gr. daily. The antisyphilitic treatment was continued for other than nasal lesions; an annular stricture of the rectum, causing obstruction, which was relieved by cutting through the ring, but along which a syphilitic neoplasm still remained.

An analogous case is reported by Kuhn, in which a mother of four healthy children presented in the vestibule of the left nostril a soft, slightly bleeding tumor, the size of a walnut, covered with smeary pus, and connected, through a perforation the size of a quarter in the cartilaginous septum, with a similar, somewhat smaller tumor in the right nostril, both of which obstructed the nasal cavities completely. Microscopically the tumor consisted of cellular tissue of moderate vascularity, mostly round cells and young connective-tissue cells. Besides, it contained a large number of partly rounded, partly elongated giant cells, with numerous processes and marginal nuclei, and at some places firmer fracts of connective tissue.

Another such case with perforation of the septum is given by Kuttner, who holds that a gummous growth originating from the periosteum had broken down, causing a carious destruction of the septum. The syphiloma or granulation tumor had grown alongside of it. Another explanation is this: The decay of the gumma produced an inflammatory irritation of the surrounding tissue, giving rise to granulation.

These tumors obstruct the nose when large enough, and discharge fibrinous, smeary, and purulent secretions. They cause pain in the head, face, shoulder, and paralytic-like weakness in the arm. They are of variable size, and are implanted upon the mucous membrane with a broad or pedunculated base. Their favorite seat is the anterior lower portion of the septum, occasionally, also, the nasal floor. They are red, reddish-gray, not quite smooth, show frequent erosions, but rarely ulcerations. They are covered with fibrinous, purulent, firmly adherent exudations, in some cases with thin, fluid, mucopurulent secretion. The tissue is boggy, brittle, still without tendency to decay, its main distinction from gumma.

Von Esmarch has warned against superfluous and harmful operations which are carried out for these syphilitic tumors when their nature is not recognized.

In Knight's case the appearance of manifest specific signs prevented the operation. A girl, aged fifteen years, had suffered from epiphora through a stenosis of the nasal duct due to an enormous enlargement of the right inferior turbinated body, which blocked up the nostril completely and was adherent to the septum. The mass was removed, but in two weeks had resumed its original proportions. Another recurrence took place after removal, and microscopically a small round-celled sarcoma was diagnosed. A general surgeon advised excision of the upper jaw. Ten days later a sensitive swelling of the left chin and a semifluctuating tumor of the size of a hen's egg appeared over the crest of the tibia. Under mercury and iodide of potassium in rapidly increasing doses the tumors of the nose, chin, and tibia disappeared within two weeks.

Many such histories could be related in which the microscopic examination revealed apparently a sarcoma, which disappeared under antisyphilitic treatment.

In several of Kühn's cases the tumor was due to direct infection, while in a girl, aged eight years, numerous syphilomata had appeared in the nose as late manifestations of congenital syphilis.

I have seen a number of cases of multiple tumors under and along the lower turbinate which resembled a papillomatous growth and recurred as rapidly as they were removed, but were cured with mercury and iodide of potassium.

Theisen reports three cases: The first in a child, aged seven years, with tumors of the septum, of the size of small cherries, pedunculated, like papilloma, which contained spindle cells, recurred after removal and disappeared under iodide of potassium. The second case in a man, aged thirty-six years, was a tumor, of the size of a walnut, and was attached to the septum. It contained tubercle bacilli and giant cells. The third case was a large tumor in a man, aged fifty-eight years, springing from the inferior turbinate, which also showed a swelling of the right cheek.

The diagnosis of these tumors is difficult if the patients do not exhibit other syphilitic signs and the history does not furnish any support. Microscopic examination does not give any positive results as to the specific nature.

The new formations are true tumors, pure connective-tissue growths originating from the submucous connective tissue. The giant cells, which resemble the tuberculous giant cells of Langhans, are proliferations of endothelia from the walls of small veins, and the leukocytes also take part in their production.

The fibrous connective-tissue stroma is the distinguishing feature between these tumors and the round-celled and spindle-celled sarcoma, in which the fundamental substance is sparse and more homogeneous or slightly granular.

The granulomata or syphilomata are not to be confounded with the frequently occurring nasal gummata, which are an inflammatory infiltration into the mucous membrane along its prominent surface, and which soon decay and ulcerate. The syphilomata, however, originate from a small circumscribed place of the mucous membrane, develop to a considerable size, and do not exhibit any tendency to decay.

The clinical proofs are the history and other syphilitic lesions. Perforations of the nasal septum are not always specific; they may be due to congenital or developmental influences, traumatic (operations), contiguous pathological conditions, and influences engendered by constitutional diseases, local inflammations, and allied processes. I have found the greater majority of workingmen in a Paris green factory with perforations of the nasal cartilaginous septum.

The best criterion for the diagnosis is the success of the antisyphilitic treatment. Kuttner had in one case given iodide of potassium without success, and, therefore, had considered the growth as non-specific, but when he later combined it with mercury he succeeded in curing the case.

The antisyphilitic treatment shows the best results with nasal syphilomata.

BIBLIOGRAPHY.

Kuhn. Verhandlungen d. Deutsch. Otol. Gesellsch. 1895, No. 4; Deutsche mediz. Woch., 1896; Vereinsbeilage, No. 5.

Frank, Th. Ueber syphilliche Tumoren, Dissertation, Strasburg, 1894.

Manasse. Virchow's Archiv, 1897, vol. cxlvii.

Kuttner. Archiv für Laryngologie, No. 7.

Von Esmarch. Verhandlungen d. Deutschen Chirurgen-Congresses, 1893.

Knight, C. H. The Sequelæ of Syphilis and Their Treatment. Nasal Sequelæ, New York Medical Journal, September 19, 1903.

Ripault. Annales des maladies de l'oreille, 1895.

Locoarret. Ibid.

ICTERUS IN SECONDARY SYPHILIS.

By W. J. Calvert, M.D.,
MISSOURI STATE UNIVERSITY.

C. D., aged twenty-seven years, male, American, white, was admitted to the Post Hospital, Fort McHenry, Md., on June 6, 1902, with intense jaundice. Family history was negative; personal history includes ordinary diseases of childhood; no recent sickness.